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April 11, 2005

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To Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Our Docket No. 03273-PA-DIV

Dear Sir:

Enclosed herewith please find the following:

1. Response Under 37 CFR § 1.111
2. Form PTO-1083
2. Our post card. (Please date stamp and return.)

Thank you for your cooperation and assistance.

Respectfully submitted,

Sam Rosen

SR/jjr
Enclosures

To the Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Chauncey F. Ross (deceased)

Serial No.: 10/685,310

Filed: October 14, 2003

For: HYPODERMIC NEEDLE

- [X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADD. FEE | OR | RATE | ADD. FEE | |
|---|---|-------|---------------------------------------|------------------|-------|-------------|----|-------|-------------|----|
| TOTAL | 5 | MINUS | ** 5 | 0 | x 25 | \$ | | x 50 | \$ | |
| INDEP | 1 | MINUS | *** 1 | 0 | x 100 | \$ | | x 200 | \$ | |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | +180 | \$ | +360 | \$ | |
| | | | | | | TOTAL | \$ | OR | TOTAL | \$ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

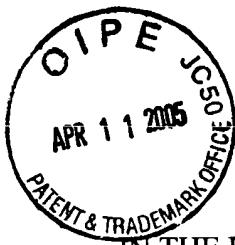
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- [] A check in the amount of \$ _____ is attached.
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.
- [X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- [X] Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 03273-PA-DIV
FORM PTO-1083


Sam Rosen
Reg. No. 37,991



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Chauncey F. Ross (deceased) *

Serial No. 10/685,310 *

Filed: October 14, 2003 * Art Unit: 3762

For: HYPODERMIC NEEDLE * Examiner: Sharon E. Kennedy

* *

RESPONSE UNDER 37 CFR § 1.111

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action of January 13, 2005, please amend the above-identified application as follows:

Claims 1-4 and 8, all the claims in this application stand rejected.

Regarding the information disclosure statement, applicant does not desire a separate listing on the face of the patent.

In the Specification

Applicant referred to the parent application in the preliminary amendment of October 14, 2003. That paragraph is updated as a complete paragraph on the following page.

Serial No. 10/685,310
Docket No. 03273-PA-DIV

RELATED APPLICATIONS

This application is a division of Serial No. 10/286,707, filed October 31, 2002, and now U.S. Patent No. 6,702,790.